Instructions For

Preliminary Disclosure

If you are a party to a Divorce, Legal Separation or Annulment, the attached forms must be completed and a copy served on the other party before your divorce can become final.

This packet includes a "Declaration of Disclosure" [FL 140], a "Schedule of Assets and Debts" [FL 142] and an "Income and Expense Declaration" [FL 150], along with instructions for completing these forms. These documents do not get filed with the court. All of these documents need to be completed and a copy mailed to the other party by someone other than yourself who is not related to your marriage and is over the age of 18.

Once the above documents are completed and served on the other party you must complete and file a "Declaration Regarding Service of Declaration of Disclosure" [FL 141]. This form is also included in this packet.

If the above forms are not completed and served on the other party and the Declaration re Service of Declaration of Disclosure is not filed with the court, you will **NOT** be able to get a final Judgment

SAMPLE FORMS

ATTORNEY OR PARTY WITHOUT A TORNEY (Name and Address):	TELEPHONE I	NO:
	TEELT TOTAL	
•		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNT	Y OF	
STREET ADDRESS: MAILING ADDRESS: 2		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
_ DECLARATION OF	DISCLOSURE	CASE NUMBER:
Petitioner's	Preliminary	
Respondent's	Final	
	DO NOT FILE WITH THE COURT	
		5
Both the preliminary and the final declaration of		
disclosure is filed with the court. A declaration st	ating service was made of the final o	declaration of disclosure must be filed with the
court (see form FL-141).		
A preliminary declaration of disclosure but not a	final declaration of disclosure is recu	irad in the case of a summan; discolution (see
		irea in the case of a summary dissolution (see
Family Code section 2109) or in a default jud	•	
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DECLARATION OF DISCLOSURE (FL-140)

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- This form is part of the Preliminary Declaration of Disclosure (PDD) Packet. The PDD Packet (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served (delivered) on the other party. *The Preliminary Declaration of Disclosure does not get filed with the court*.
- Read this section carefully. Check boxes 1 and 2.
 - Check box 3 and attach another page that lists assets (property, belongings, debts, etc.) owned by you and your spouse. Include the value of the assets (how much it's worth).
 - Check box 4 if you are attaching another page that describes any assets for which you and your spouse are responsible. Include the value.
 - If any investment opportunities were made to you since you and your spouse separated, check box 5 and attach another page and describe the opportunities. (Example: If you have bought or sold a home or business, invested income or sold items from investments.)
- Date the form. Type or print your name on the left, and sign on the right.

ATTORNEY OR PARTY V	NITHOUT ATTORNEY (Name and Address):		Т	ELEPHONE NO.:		
-	0					
ATTORNEY FOR (Name						
	SUPERIOR COURT 1100 Van Ness			COUNTY C	F FRESNO	
PETITIONER						
RESPONDENT	3					
	SCHEDULE OF ASSETS A		4)	CASE NUMBER	
		— INSTRUC	TIONS		l .	
cluding your spor	community and separate assets or ouse. If you contend an asset or debt to indicate to whom you contend it I	debts. Include is separate, p	assets	even if they a Petitioner) or	e in the possession o R (for Respondent) in	f another person, i the first column
	e as of the date of signing the declar se a continuation sheet numbered to					e description. Fo
ITEM NO.	ASSETS DESCRIPTION		SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONE OWED OR ENCUMBRANCE
	E (Give street addresses and attact				\$	\$
	J					
	6					
2. HOUSEHOLI) FURNITURE, FURNISHINGS, API	PLIANCES				
(Identify.)						
	U					
3. JEWELRY, A	ANTIQUES, ART, COIN COLLECTIO	ONS, etc.				

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name, address and phone number. You must completely answer each question on this form.
- Write "Fresno" after Superior Court of California, County of.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent.
- Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belonging to the husband and wife together.
 - If separate property, you will put P or R in the "Sep Prop" column. Leave this column blank if community.
 - You will write the date the asset was acquired (purchased) in the next column
 - Current gross fair market value: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6 List all real estate (land, buildings) including addresses. Attach copies of deeds, etc. If no such items, write "none."
- List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

ITEM NO. ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MON OWED OR ENCUMBRANCE
4. VEHICLES, BOATS, TRAILERS (Describe and attach copy title document.)	y of		\$	\$
9				
SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.)				
CHECKING ACCOUNTS (Account name and number, ban and branch. Attach copy of latest statement.)	ok,			
7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Accoun name and number, bank, and branch. Attach copy of latest statement.) 12				
8. CASH (Give location.)				
9. TAX REFUND				
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				
15				

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

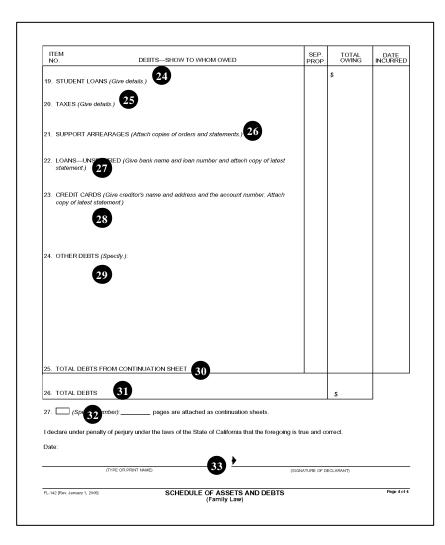
- Find the number on the sample form. *Example:* 12
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of <u>latest</u> statements for each account.
- Provide the same information as above for Checking Accounts.
- Provide the same information as above for Credit Union or similar accounts.
- 13 If you have stored cash somewhere, write the location in the space provided.
- If you received a tax refund this year, provide that information. Otherwise leave blank.
- Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.) 12. RETIREMENT AND PENSIONS (Attach copy of latest		\$ s
12. RETIREMENT AND PENSIONS (Attach copy of latest		
summary plan documents and latest benefit statement.)		
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)		
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)		
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Altent copy of most current K-1 form and Schedule C.)		
16. OTHER ASSETS		
17. TOTAL ASSETS FROM CONTINUATION SHEET		\$ \$
18. TOTAL ASSETS 23 2-142 (Rev. January 1, 2000) SCHEDULE OF ASSE		 Page

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

- Find the number on the sample form. *Example:* 16
- Go to the same number below to find out how to fill out the form
- Type or print in drug qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation wages that are not taken now, but is paid later
- If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.



SCHEDULE OF ASSETS AND DEBTS (FL-142)

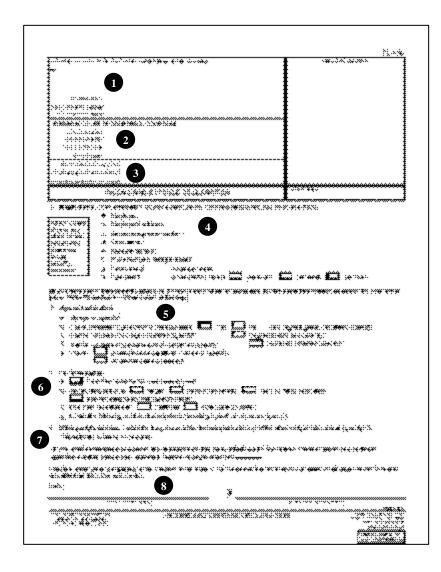
- page four -

DIRECTIONS

- Find the number on the sample form. *Example:* 25
- Go to the same number below to find out how to fill out the form.
- Type or print in drug qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.

- 24 If you or your spouse currently have any student loans, list the details here.
- 25 If you or your spouse owes money for taxes, list details here.
- Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29 List any other debts owed by you or your spouse.
- 30 If you used extra sheets, add up all amounts and list them here.
- 31 Add up your total debts (19-25) and fill in the amount.
- If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33 Date the form. Type or print your name on the left. Sign your name on the right.



INCOME AND EXPENSE DECLARATION (FL-150)

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Print your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street., Fresno CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against another person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
 - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
 - Fill in the date you started this job (e). If you are unemployed, write the date your job ended (f), how many hours you work(ed) every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
 - Be sure to include copies of your pay stubs for the last two months. Use a dark marker to cross out your social security number.
- Fill in your age (a) and check the "Yes" box if you finished high school (b). If you check No, fill in the last grade you finished. Fill out (c). or (d) if you have taken college classes. Fill out (e) if this applies to you.
- 6 Check box (a) and fill in the year of your last tax return. For (b), check the box that applies to you. For (c), check California OR check "Other" if you last filed taxes in another state, and write the state's name. For (d), write the number of "exemptions" you claim when filing your taxes.
- Write down the total amount the other person in this case makes in a month, and explain how you know this.
- 8 Fill in the date, type or print your name on the left, and sign on the right.

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INCOME AND EXPENSE DECLARATION (FL-150)

- page two -

- Find a number on the sample form *Example:*
- Go to the same number below to find out how to fill out the form
- ▶ Type or print in blue or black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank

- Print out first and last names for you and the other person(s) in this case.
 - Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.
- Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.
- If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.
- Fill out this section only if you are self-employed (own a business). Include a "profit and loss statement" for each business, or a schedule C from your tax return.
- Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."
 - Check "Change in Income," if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (f), you must write an explanation on a separate page labeled "Question 10f."
- List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.

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INCOME AND EXPENSE DECLARATION (FL-150)

- page three -

- Find a number on the sample form *Example:* 16
- Go to the same number below to find out how to fill out the form
- Type or print in blue or black ink
- If you know the CASE NUMBER fill it in If not known leave it blank

- 16 Print out first and last names for you and the other person(s) in this case.
- 17 Give information about all persons who live with you.
 - Write their names, ages, and how they are related to you (parent, child, other relative, friend).
 - Write how much money each person receives each month (before taxes), and check the Yes or No box if this person pays some of the living expenses.
- For Average monthly expenses, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check third box only if you expect these to be your expenses each month.
 - For a., check first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2) and (3). Fill our (4) and (5) if it applies to you.
 - Fill in amounts for b. through q. as they apply to you.
 - For j. and q., describe the expense.
 - Add lines a. through q., but don't add in mortgage principal and interest from line (a) (2).
 - Put this amount in the total expenses box, line r.
 - Line s. is monthly expenses for the household NOT paid by you.
- List all installment payments and debts you may have. This could include car payments, credit card payments, etc.
 - First column: fill in the name of the creditor (who gets the payment?).
 - Second column: describe what the payment is for. Third column: amount of last payment to the creditor
 - Fourth column: amount still owed. Last column: date last payment was made.
- If you are represented by an attorney or you have paid money to an attorney, complete this section. If you have not paid any money to an attorney in this case, leave this section blank.
- 21 Do not fill out this section. Skip to next page....

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INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

DIRECTIONS:

- Find a number on the sample form *Example:* 22
- Go to the same number below to find out how to fill out the form
- Type or print in blue or black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

22 Print out first and last names for you and the other person(s) in this case.

Fill out the rest of this page only if your case involves child support.

- 23 Fill in the number of children you have with the other parent that are under age 18.
 - Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
 - If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.
- Fill in monthly amounts that apply to your case. Describe educational or special needs.
- List any "special hardships" (things that make daily living hard).
 - For a. through c., fill in monthly amounts that apply.
 - In the second column, fill in the number of months the situation has lasted
 - If you have children under age 18 from other relationships, list their names and ages in the space provided.
 - If you get child support for these children, fill in that amount.
 - If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.
- 27 In the space provided you may write other information you want the court to know about your case.

ATTORNEY OR PARTY WITH	HOUT ATTORNEY (Name, State Sar number, and accress)	FOR COURT USE ONLY
	A	
TELEPHONE NO	FAX NO (Conomic	
E MAIL ADDRESS (Optional)		
ATTORNEY FOR (Name)		
SUPERIOR COURT	OF CALIFORNIA, COUNTY OF	
STREET ADDRES	55	
MAILING ADDRES	55	
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BRANCH NAM		
PETITIONER:		
	3	
RESPONDENT:		
	ATION REGARDING SERVICE OF DECLARATION	
	SURE AND INCOME AND EXPENSE DECLARATI	ION
	Petitioner's Preliminary	
	Respondent's Final	
I am the a	torney for petitioner respondent in this	matter. 5
on (date): Petitioner's Declaration (form	FL-150) were served on attorney for the	
on (date): Petitioner's Declaration form by: person on (date): Service of current a the wall b. The form of the c. This is concerned to the conc	respondent's Final Declaration of Disclosure (for FL-150) were served on attorney for the all service mail other (specify):	in FL-14C) and current income and Expense eight party lary innal declaration of disclosure lows: quirements under Family Code section 2105(d). The and the court granted the request for voluntary waiver stration disclosure requirements under Family Code lacts have changed. (Cal. Rules of Court, rule 5.128.)
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on (date): Petitioner's Declaration form by: person on (date): Service of current to the control of the contro	respondent's Final Declaration of Disclosure (form FL-150) were served on attorney for th all service mail other (specify):	In FL-14(2) and current income and Expense either party In final declaration of disclosure lows: In final declaration of disclosure lows: In final declaration of disclosure lows: In final declaration of disclosure requirements under Family Code section 2105(g). The and the court granted the request for voluntary waiver arration disclosure requirements under Family Code facts have changed. (Call. Rules of Court, rule 5.128.) Ithe foregoing is true and correct.
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DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink

- Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724. The Branch Name is: Sisk Courthouse.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- **S** Check the box that identifies you as the Petitioner or Respondent in the case.
- 6 and 7 (Complete #6 and #7 the same way. One refers to preliminary disclosure, the other to final disclosure).
- Check the box before "My Preliminary Declaration of Disclosure and Income and Expense Declaration was served on" then check Petitioner or Respondent (whichever applies to the other party).
- If the forms were personally delivered to the other party, check the first box. If the forms were mailed to the other party, check that box. If another method was used, check "other" and describe in the space provided.
- Fill in the date the forms were served to the other party.
- If this is a default judgment and you do not have a written agreement with the other party, check the boxes #4 "Service of"; "Respondent's"; "preliminary"; "final"; "current income and expense" and "c".

If you have a written agreement with the other party check the appropriate boxes in #4 and box "a".

Date the form. Type or print your name on the left. Sign your name on the right.

BLANK FORMS

(To be completed)

(TYPE OR PRINT NAME)

Date:

(Family Law)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
PETITIONER:		
RESPONDENT:		
SCHEDULE OF ASSETS AN	ND DEBTS CASE NUMBER:	
Petitioner's Respond		

- INSTRUCTIONS -

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
	ATE (Give street addresses and attach copies of legal descriptions and latest lender's statement.)			\$	\$
2. HOUSEHC (Identify.)	OLD FURNITURE, FURNISHINGS, APPLIANCES				
3. JEWELRY (Identify.)	, ANTIQUES, ART, COIN COLLECTIONS, etc.				

Page 1 of 4



ITE	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.)			\$	\$
5.	SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.)				
6.	CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
8.	CASH (Give location.)				
9.	TAX REFUND				
	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				



ITE	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)			\$	\$
12.	RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)				
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)				
16.	OTHER ASSETS				
	TOTAL ASSETS FROM CONTINUATION SHEET	<u> </u>		\$	\$
18.	TOTAL ASSETS			,	*



ITE NO	DEBTS-SHOW TO WHOM OWED	SEP. PROP	TOTAL OWING	DATE INCURRED
			\$	
19.	STUDENT LOANS (Give details.)			
20.	TAXES (Give details.)			
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.)			
22.	LOANS - UNSECURED (Give bank name and loan number and attach copy of latest statement.)			
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)			
24.	OTHER DEBTS (Specify.):			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26	TOTAL DEBTS		\$	
27.	_			
	I declare under penalty of perjury under the laws of the State of California that the	foregoi	ing is true and corre	ect.
Date:	\			
	(TYPE OR PRINT NAME)	(SIGN	ATURE OF DECLARANT)	



		FL-130
ATTORNEY OR PAR	RTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHO	NE NO :	
E-MA L ADDRESS (C		
ATTORNEY FOR		
SUPERIOR	COURT OF CALIFORNIA, COUNTY OF FRESNO	
STREET AD		
MAILING AD		
CITY AND ZIF		
BRANCH	H NAME: B.F. Sisk Courthouse	
PETITIONE	R/PLAINTIFF:	
RESPONDENT/	DEFENDANT:	
OTHER PAREN	T/CLAIMANT:	
	INCOME AND EXPENSE DECLARATION	CASE NUMBER:
	INCOME AND EXPENSE DECEARATION	
1. Employme	nt (Give information on your current job or, if you're unemployed, your mos	t recent job.)
	a. Employer:	,
Attach copies	b. Employer's address:	
of your pay		
stubs for last	c. Employer's phone number:	
two months	d. Occupation:	
(black out	e. Date job started:	
social security	f. If unemployed, date job ended:	
numbers).	g. I work about hours per week.	
	h. I get paid \$ gross (before taxes) per month	per week per hour.
jobs. Write "C	ore than one job, attach an 8½-by-11-inch sheet of paper and list the s Question 1—Other Jobs" at the top.)	ame information as above for your other
2. Age and e		
	s is (specify):	
		nighest grade completed (specify):
		ained (specify):
d. Numbe		(s) obtained (specify):
e. I have:	professional/occupational license(s) (specify):	
	vocational training (specify):	
3. Tax inform	ation	
	last filed taxes for tax year (specify year):	
	* · · · · <u>_ · ·</u> · · · <u> · · · · </u>	
		iling separately
r	married, filing jointly with (specify name):	
c. I file sta	ate tax returns in California Context (specify state):	
d. I claim	the following number of exemptions (including myself) on my taxes (specify)) <i>:</i>
	y's income. I estimate the gross monthly income (before taxes) of the othe ate is based on (explain):	r party in this case at (specify): \$
	nore space to answer any questions on this form, attach an 8½-by-11-inber before your answer.) Number of pages attached:	nch sheet of paper and write the
question num	iser service your answer, multiper of pages attached.	
	penalty of perjury under the laws of the State of California that the informat ts is true and correct.	ion contained on all pages of this form and
Date:	k	
	(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	· · · · · · · · · · · · · · · · · · ·	· /

FL-150 CASE NUMBER: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.) Income (For average monthly, add up all the income you received in each category in the last 12 months Average and divide the total by 12.) Last month monthly d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving\$ from this marriage from a different marriages from this domestic partnership from a different domestic partnership \$___ Partner support L f. Pension/retirement fund payments....\$_ Disability: Social security (not SSI) State disability (SDI) Private insurance . \$_ Workers' compensation Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.) a. Dividends/interest.....\$_ b. Rental property income\$_ Trust income. \$____ I am the ____ owner/sole proprietor _ business partner other (specify): Number of years in this business (specify): Name of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses. 8. Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): 9. Change in income. My financial situation has changed significantly over the last 12 months because (specify): 10. Deductions Last month b. Required retirement payments (not social security, FICA, 401(k), or IRA)................................... Medical, hospital, dental, and other health insurance premiums (total monthly amount)...... d. Child support that I pay for children from other relationships......\$ Partner support that I pay by court order from a different domestic partnership \$ g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") \$ — 11. Assets

c. All other property, L

___ real and _

personal (estimate fair market value minus the debts you owe).... \$

b. Stocks, bonds, and other assets I could easily sell\$-

- 1	PETITIONER/PLAINTIFF:			CAS	SE NUMBER:	
	PONDENT/DEFENDANT:					
	ER PARENT/CLAIMANT:					
2. T	he following people live with me:			<u> </u>		
ſ	Name	Age	How the person is related to me? (ex: so	That persor monthly income		Pays some of the household expenses?
	a.					Yes No
	b.					Yes No
	C.					Yes No
	d.					Yes No
	e.					Yes No
	Child care	age\$ — ance\$ — ance\$ — ance\$ — \$ —	h. Laun i. Cloth j. Educ k. Entel l. Auto (insu m. Insur inclue n. Savir o. Char p. Mont (item q. Othe	dry and cleaning es	and vacation. transportation airs, bus, etc.) dent, etc.; do no or health insur- nents ons sted in item 14 and insert tota	\$
f.	Utilities (gas, electric, water, trash)	\$		mounts in a(1)		\$
g. I In	Telephone, cell phone, and e-mail stallment payments and debts not		S. Amo	ount of expens	es paid by oth	ners \$ ———
	Paid to	For		Amount	Balance	Date of last paym
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				<u>. </u>	\$	
				B	\$	
			!	\$	\$	
					\$	
				\$	\$	
_			L		<u> </u>	
	ttorney fees (This is required if eithe	r party is regi	uesting attorney fees.):			

10.	Attorney rees	(Triis is required i	r eitrier party is	s requesting	attorney le	es.)
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I confirm this fee arra	andei	ment.
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Date:	>
(TYPE OR PR NT NAME OF ATTORNEY)	(SIGNATURE OF ATTORNEY)

			FL-15
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
	RESPONDENT/DEFENDANT:		
0	OTHER PARENT/CLAIMANT:		
	CHILD SUPPORT INFORMATION	N	
	(NOTE: Fill out this page only if your case involve		
16.	Number of children		
	 a. I have (specify number): children under the age of 18 with the other p b. The children spend percent of their time with me and percent (If you're not sure about percentage or it has not been agreed on, please de 	cent of their time with th	
17.	Children's health-care expenses a. I do I do not have health insurance available to me for the b. Name of insurance company: c. Address of insurance company:	ne children through my	job.
	d. The monthly cost for the children's health insurance is or would be (specify (Do not include the amount your employer pays.)	y): \$	
18.	Additional expenses for the children in this case	Amount per month	
	a. Child care so I can work or get job training	\$	
	b. Children's health care not covered by insurance	\$	
	c. Travel expenses for visitation	\$	
	d. Children's educational or other special needs (specify below):	\$	
19.	Special hardships. I ask the court to consider the following special financial cir (attach documentation of any item listed here, including court orders): a. Extraordinary health expenses not included in 18b. b. Major losses not covered by insurance (examples: fire, theft, other insured loss) c. (1) Expenses for my minor children who are from other relationships and are living with me (2) Names and ages of those children (specify):	Amount per month \$ \$	For how many months?
	(3) Child support I receive for those children		
	The expenses listed in a, b, and c create an extreme financial hardship because	e (explain):	

20. Other information I want the court to know concerning support in my case (specify):

ATTORNEY OR PARTY WI	ITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO :	EAV NO. (Ortionally	
TELEPHONE NO.: E-MAIL ADDRESS (Optional	FAX NO. (Optional): al):	
ATTORNEY FOR (Name):		
SUPERIOR COUR	RT OF CALIFORNIA, COUNTY OF	
STREET ADDRI		
MAILING ADDRI		
BRANCH NA		
PETITIONER:		
RESPONDENT:		
	ATION REGARDING SERVICE OF DECLARATION DSURE AND INCOME AND EXPENSE DECLARATION	CASE NUMBER:
	Petitioner's Preliminary	
_	Respondent's Final	
by: perso on (date): 3. Petitioner's Declaration (form by: perso on (date): 4. Service of current a. Th wa b. Th of c. Th	respondent's <i>Preliminary Declaration of Disclosure</i> (form Fn FL-150) were served on attorney for the other partial service mail other (specify): respondent's <i>Final Declaration of Disclosure</i> (form FL-140) on FL-150) were served on attorney for the other partial service mail other (specify): petitioner's respondent's preliminary income and expense declaration has been waived as follows: the parties agreed to waive final declaration of disclosure requirementativer was filed on (date): the party has failed to comply with disclosure requirements and the correceipt under Family Code section 2107 on (date): this is a default proceeding. Petitioner waives the final declaration discretion 2110.	and current Income and Expense arty final declaration of disclosure ats under Family Code section 2105(d). The ourt granted the request for voluntary waiver
* "Current" is defined	d as completed within the past three months providing no facts have	e changed. (Cal. Rules of Court, rule 5.128.)
I declare under pena	alty of perjury under the laws of the State of California that the foreg	oing is true and correct.
Date:		
	•	
	(TYPE OR PRINT NAME)	(SIGNATURE)
	NOTE: File this document with the o	court.
	Do not file a copy of the <i>Preliminary</i> or <i>Final Declarati</i>	
		-
	attachments to either declaration of disclosure w	ıın ıms aocument.

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